PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/583,309

| | | | | | 1-7- | | | | | | | |
|---|--|---|----------------------------------|-----------------------|---------------------------------|--------------------------------|------------|------------------------|------|----------------------------|------------------------|--|
| CLAIMS AS FILED - PART I | | | | | | | SMALL EN | NTITY | OR | OTHER THAN OR SMALL ENTITY | | |
| u.s | . NATIONAL S | STAGE FEES | (Column | (Column 1) | | Column 2) | RATE | FEE | 1 | RATE | FEE | |
| | IC FEE | | SMALL ENT. | = \$ 150 | LARG | SE ENT. = \$ 300 | BASIC FEE | - | OR | BASIC FEE | | |
| | | | Satisfies PCT Ar | | ļ | her situations = | | - | ~ `` | | 300 | |
| EXAMINATION FEE | | | (4) = \$50 / U.S. is ISA = \$ | | | 100 / \$ 200 | EXAM. FEE | | ┨ | EXAM. FEE | 200 | |
| SEARCH FEE | | | ALL other cou \$ 200 / \$ 4 | untries = | ALL of | ther situations = 250 / \$ 500 | SEARCH FEE | Ξ | | SEARCH FEE | 400 | |
| FEE | FOR EXTRA SI | PEC. PGS. | minı | us 100 = | : | / 50 = | X \$ 125 = | = | | X \$ 250 = | | |
| тот | AL CHARGEAB | 3LE CLAIMS | 8 min | nus 20 = | * | | X \$ 25 = | | OR | X \$ 50 = | | |
| INDE | EPENDENT CLA | AIMS | m m | ninus 3 = | * | | X \$ 100 = | = | OR | X \$ 200 = | 7 | |
| MUL | TIPLE DEPEND | DENT CLAIM PRE | ESENT | | | | + \$ 180 = | = | OR | + \$ 360 = | | |
| * If | the difference | e in column 1 is I | less than zero | enter "ر, | 0" in co | lumn 2 | TOTAL | | OR | TOTAL | 900 | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMALI | _ ENTITY | OR | OTHER THAN SMALL ENTITY | | |
| IT A | 8 | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO | HEST MBER IOUSLY D FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| AMENDMENT A | Total | . 8 | Minus | ** 2 | .0_ | = Ø | X \$ 25 = | | OR | X \$ 50 = | | |
| AME | Independent | * 1 | Minus | *** 3 | 3 | = 💍 | X \$ 100 = | = | OR | X \$ 200 = | | |
| <u> </u> | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | = | OR | + \$ 360 = | | |
| | | | | | TOTAL ADDI FEE | Т. | OR | TOTAL ADDIT. FEE | | | | |
| | | (Column 1) | | (Colu | ımn 2) | (Column 3) | | _ | | | | |
| 4T B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO | HEST MBER IOUSLY D FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| AMENDMENT | Total | * | Minus | ** | | = | X \$ 25 = | | OR | X \$ 50 = | | |
| AMEN | Independent | * | Minus | *** | | = | X \$ 100 = | = | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | : | OR | + \$ 360 = | | |
| | | | | | | | TOTAL ADDI | Ť. | OR | TOTAL ADDIT. FEE | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Barbara Campbell, PCT National Stage Division ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |